

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) BN S1 NAME AND ADDRESS	2. TO (Include ZIP Code)	3. FROM (Include ZIP Code) UNIT NAME, ADDRESS AND PHONE #
--	--------------------------	--

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) DOE, JANE MARIE	5. GRADE OR RANK/PMOS/AOC SGT/68W2L	6. SOCIAL SECURITY NUMBER 123-45-6789
--	--	--

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) REQUEST FOR FLPP PAYMENT/ORDERS PARA 6-12
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

- IAW AR 611-6, Chapter 6 and MILPER Message Number: 06-233, I request the Foreign Language Proficiency Pay (FLPP) and orders awarding (change, terminate or reinstate FLPP).
- Recommendation by the Unit Commander for a change of payment level must contain justification. (See tables 6-5 or 6-7) For soldiers assigned to a language dependent MOS/speciality or language coded billet include the statement, "soldier is assigned to military duties requiring proficiency in a required language and is performing the duties of the position".
- If soldier is requesting FLPP payments for two languages, submit two DA Form 4187s.

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE COMPANY COMMANDER	13. SIGNATURE COMMANDER'S SIGNATURE	14. DATE (YYYYMMDD) 20070313
--	--	---------------------------------